TRAINING REIMBURSEMENT FORM				
OEO Sponsored Training		NON-Sponso	red Training	
Requesting Sub-	recipient:	Today's Date:		
Address:	City:	State: \	WV ZIP:	
Completed By:		Phone:		
Training Course:				
Dates:				
Training Address		State:	Zip:	
Target Capabiliti	es:			
# of Participants	Names of Participants:			
Estin	nated Expense			
	Training Expenses		Cost	
	Instructor(s) Fee:			
	Instructor(s) Travel:			
	Course Fee(s):			
	Agency Travel:			
	Agency Lodging:			
	Training Materials/Supplies:			
	Training Meals Provided:			
Per Diem (Meals not provided during training)		ng)		
	Facility Rental:			
	Miscellaneous:			
	Total Cost			
	aining Reimbursement Form, I am authorizing ssary for the completed training.	g OEO to obligate the	e identifying funding Training (OEO USE	g Code
Sub-recipient Exe	ecutive Director (or designated authority)	Date		
Approved by OEC	D Date	e		
2/17/2015	Training Re	imbursement Form		Page 1 of 2
	TRAINING REIMBU	RSEMENT FORM		

Please attach the following to this reimbursement:

If OEO did not providing the training, please provide the following:

Instructor(s) training agenda and/or curriculum (additional information may be requested by OEO).

For all training reimbursements please provide the following:

List of the Sub-recipient's participants (additional information may be requested by OEO).

*** TRAINING REIMBURSEMENT INSTRUCTIONS***

Upon completion of an approved training, a Sub-recipient will complete a *Sub-recipient Training Reimbursement Form* which can be found on the OEO website (www.oeo.wv.gov). A PDF of this form and all necessary back-up documents to justify stated costs must be emailed within thirty (30) days of the final day of the training to the OEO training Coordinator and Weatherization Manager. Late requests will not be processed.

Reimbursement requests forms must be filled out entirely and include the necessary backup documentation. Sub-recipient name and address MUST match records on file with the State Auditor Office. (Refer to DOE/DHHR Funding Requests). Incomplete requests will not be processed.

Reimbursement requests must be signed and dated by the Sub-recipient Executive Director (or designated authority).

The Sub-recipient is responsible for entering all training information for each employee into the data management system, as a stipulation to receiving reimbursement.